

State: NEW MEXICO

Agency* — Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.730
435.121
1902(a)(10)
(A)(11)(XI)
of the Act

☒ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- (1) All aged individuals.
- (2) All blind individuals.
- (3) All disabled individuals.

TN No. 92-12

Superseded 91-17

TN No. 91-17

Approval Date

MAR 10 1992

Effective Date

JAN 01 1992

HCFA ID: 7983E

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| STATE | <u>New Mexico</u> | A |
| DATE REC'D | <u>FEB 18 1992</u> | |
| DATE APPV'D | <u>MAR 10 1992</u> | |
| DATE EFF | <u>JAN 01 1992</u> | |
| HCFA 179 | <u>92-02</u> | |

| Agency* | Citation(s) | Group Covered |
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| | 1902(a)(10)(A)(ii) (IX) and 1902(1) of the Act, P.L. 100-203 (Section 4101) | <p><u>x</u> 13. The following individuals who are not described in section 1902(a)(10)(A)(i) of the Act whose income level (established at an amount not more than 185 percent of the Federal poverty line) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to <u>ATTACHMENT 2.6-A</u>:</p> <p>Woman during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age.</p> <p>Infants who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continued to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.</p> |

*Agency that determines eligibility for coverage.

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| TN No. <u>91-15</u> | Approval Date <u>OCT 28 1991</u> | Effective Date <u>JUL - 1 1991</u> |
| Supersedes TN No. <u>90-17</u> | <div style="border: 1px solid black; padding: 5px;"> <p>STATE <u>New Mexico</u></p> <p>DATE REC'D <u>SEP 27 1991</u></p> <p>DATE APPV'D <u>OCT 23 1991</u></p> <p>DATE EFF <u>JUL - 1 1991</u></p> <p>HCFA 179 <u>91-15</u></p> </div> | |

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The payment levels under the approved State AFDC plan are no lower than the AFDC payment levels in effect under the approved AFDC plan on April 17, 1986.

☒ Yes.

☐ Not applicable. The State does not provide coverage of this optional categorically needy group.

1902(a)
(10)(A)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act,
P.L. 99-509
(Section
9402(a) and
(b))

___ 14. In addition to individuals covered under item B.13, individuals--

(a) Who are 65 years of age or older or are disabled--

___ As determined under section 1614(a)(3) of the Act; or

___ As determined under more restrictive categorical eligibility criteria specified under item A.9(b) of this Attachment.

(b) Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

(c) Whose resources do not exceed the maximum amount allowed--

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| STATE | <u>New Mexico</u> | A |
| DATE RECD | <u>3-17-88</u> | |
| DATE APPVD | <u>4-8-88</u> | |
| DATE EFF | <u>1-1-88</u> | |
| HCFA 177 | <u>88-05</u> | |

___ Under SSI;

___ Under the State's more restrictive financial criteria; or

___ Under the State's medically needy program as specified in ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

TN No. 88-05
Supersedes 87-18
TN No. 87-18

Approval Date 4-8-88

Effective Date 1-1-88

HCFA ID: 1036P/0015P

Revision: HCFA-PM-87-4 (BERC)
March 1987

ATTACHMENT 2.2-A
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OMB NO. 0938-0193

| Agency* | Citation(s) | Groups Covered |
|---------|--|--|
| IV-A | 1902(a)(47) and 1920 of of the Act, P.L. 99-509 (Section 9407) | <input checked="" type="checkbox"/> 15. Pregnant women who meet the applicable income levels for the categorically needy specified in this plan under ATTACHMENT 2.6-A who are determined eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act. |

C. Optional Coverage of the Medically Needy

435.301

This plan includes the medically needy.

☒ No.

☐ Yes. This plan covers:

1. Pregnant women who, except for income and resources, would be eligible as categorically needy.

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| STATE | <i>New Mexico</i> |
| FILE NO. | <i>5-23-89</i> |
| DATE RECD | <i>12-04-89</i> |
| DATE OF | <i>04-01-89</i> |
| HCFA 177 | <i>89-07</i> |

Supersedes 87-18
*Agency that determines eligibility for coverage.

TN No. _____
Supersedes _____ Approval Date _____ Effective Date _____
TN No. _____

HCFA ID: 1036P/0015P

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

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OMB NO.: 0938-

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Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 91-19

Supersedes

TN No. 87-3

Approval Date JAN 15 1992

Effective Date OCT 1 1991

HCFA ID: 7983E

pages stem 104
page 16 stems 5-9

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| DATE EFF | <u>OCT 01 1991</u> | |
| HCFA 179 | <u>91-19</u> | |

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: NEW MEXICO

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| Agency* | Citation(s) | Groups Covered |
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes

☐ No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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Supersedes
TN No. 87-3
Approval Date JAN 15 1992
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page 14 last 2 paragraphs
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| DATE REC'D <u>DEC 17 1991</u> | |
| DATE APP'D <u>JAN 15 1992</u> | |
| DATE EFF <u>OCT 1 1991</u> | |
| HCFA 179 <u>91-19</u> | |

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Agency* Citation(s) Groups Covered

IV-A

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231 ☒
1902(a)(10)
(A)(ii)(V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

☒ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

- ☐ Aged
☐ Blind
☐ Disabled
☐ Individuals under the age of--
 ☐ 21
 ☐ 20
 ☐ 19
 ☐ 18
☐ Caretaker relatives
☐ Pregnant women

TN No. 91-19
Supersedes
TN No. 87-17

Approval Date JAN 15 1992
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| DATE REC'D <u>DEC 17 1991</u> | |
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| HCFA 179 <u>91-19</u> | |

Revision: HCFA Region VI
December 1990

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Page 19a

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|---------|--|--|
| | Section 4723 of P.L. 101-508 and Section 1903(f)(2)(B) of the Act | The State agency allows medically needy individuals and families to pay an amount to the State, which when combined with incurred medical costs in prior months, is sufficient when excluded from the family's income, to reduce such family's income below the applicable income limitation described in Section 1903(f)(1) of the Act. |

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| STATE | <i>New Mexico</i> | A |
| DATE REC'D | <i>1-4-91</i> | |
| DATE APP'D | <i>1-28-91</i> | |
| DATE EFF | <i>11-5-90</i> | |
| HCFA 179 | <i>90-26</i> | |

* Agency that determines eligibility for coverage

TN NO.

90-26

Effective Date:

11/5/90

Supersedes

TN NO.

New Page

Approval Date:

1/28/91

State: NEW MEXICO

Agency* Citation(s)

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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

☒

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

IV-A

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act

☒

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
 - b. Infants under one year of age.

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Superseded
TN No. 91-19

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| DATE APP'D | <u>MAR 10 1992</u> | |
| DATE EFF | <u>JAN 01 1992</u> | |
| HCFA 179 | <u>92-02</u> | |

Revision: HCFA REGION VI
NOVEMBER 1991

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(RESERVED FOR FUTURE USE)

• Agency that determines eligibility for coverage.

TN NO. 91-19 Approval Date JAN 15 1992 Effective Date OCT 1 1991
Supersedes TN NO. 90-20

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| DATE REC'D | <u>DEC 17 1991</u> | |
| DATE APP'D | <u>JAN 15 1992</u> | |
| DATE EFF | <u>OCT 01 1991</u> | |
| HCFA 179 | <u>91-19</u> | |